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Electronic Patent Application Submission
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EFS ID: 11282
Application ID: 09681510
Title of Invention: Information Exchange Between
Non-Networked Devices
Through an Intermediary Device
via a Piconet
First Named Inventor: Shaun Pierce
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-04-18
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Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 1018.131US1
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Government, c=US
Certificate Message Digest: ro0UnbwDgV5nSre/ocaqiw==
Total Fees Authorized: \$1064.0
Payment Category: CC - Credit Card
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RAM Accounting Date: 2001-04-19
RAM Sequence Number: 279116
RAM Payment Status: RAM success
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TRANSMITTAL FORM

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09/681510
04/18/01

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 1018.131US1

Information Exchange Between Non- Networked Devices Through an Intermediary Device via a Piconet

First Named Inventor: Mr. Shaun D. Pierce

SUBMITTED BY

Name:

Mr. Michael Dryja

Registration Number:

39662

Electronic Signature Mark: Michael
Dryja

Date Signed: 20010418

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

efsapds.xml

patent-assignment

efsasgn.xml

fee-transmittal

efsfee.xml

specification

131 spec.xml

declaration

131 Dec.tif

Attached Image File(s):

131 Dec.tif

131 Dec.tif

Comments:

Parameter	Unit	Value	Standard Error	95% CI	P-value
Intercept		1.00	0.00	1.00	0.00
Age	Year	0.01	0.01	-0.01, 0.03	0.10
Gender		0.05	0.05	-0.05, 0.15	0.30
Education	Year	0.02	0.02	-0.02, 0.06	0.20
Income	Year	0.03	0.03	-0.03, 0.09	0.20
Health status		0.10	0.10	-0.10, 0.30	0.30
Smoking status		0.05	0.05	-0.05, 0.15	0.30
Alcohol consumption		0.05	0.05	-0.05, 0.15	0.30
Physical activity		0.05	0.05	-0.05, 0.15	0.30
Stress level		0.05	0.05	-0.05, 0.15	0.30
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Marital status		0.05	0.05	-0.05, 0.15	0.30
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Work status		0.05	0.05	-0.05, 0.15	0.30
Living alone		0.05	0.05	-0.05, 0.15	0.30
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Medication use		0.05	0.05	-0.05, 0.15	0.30
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Health insurance		0.05	0.05	-0.05, 0.15	0.30
Healthcare costs		0.05	0.05	-0.05, 0.15	0.30
Healthcare quality		0.05	0.05	-0.05, 0.15	0.30
Healthcare satisfaction		0.05	0.05	-0.05, 0.15	0.30
Healthcare utilization		0.05	0.05	-0.05, 0.15	0.30
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Healthcare access sustainability		0.05	0.05	-0.05, 0.15	0.30
Healthcare access effectiveness		0.05	0.05	-0.05, 0.15	0.30
Healthcare access efficiency		0.05	0.05	-0.05, 0.15	0.30
Healthcare access transparency		0.05	0.05	-0.05, 0.15	0.30
Healthcare access accountability		0.05	0.05	-0.05, 0.15	0.30
Healthcare access integrity		0.05	0.05	-0.05, 0.15	0.30
Healthcare access confidentiality		0.05	0.05	-0.05, 0.15	0.30
Healthcare access security		0.05	0.05	-0.05, 0.15	0.30
Healthcare access safety		0.05	0.05	-0.05, 0.15	0.30
Healthcare access quality of care		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient satisfaction		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient engagement		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient empowerment		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient participation		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient autonomy		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient dignity		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient respect		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient privacy		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient confidentiality		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient security		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient safety		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient quality of care		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient satisfaction		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient engagement		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient empowerment		0.05	0.05	-0.05, 0.15	0.30
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Healthcare access patient patient respect		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient privacy		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient confidentiality		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient security		0.05	0.05	-0.05, 0.15	0.30
Healthcare access patient patient safety					

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 1018 131US1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plu are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Information Exchange Between Non-Networked Devices Through an Intermediary Device via a Piconet

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as an any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defi CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claim

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 1
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code St acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Trademark Office connected therewith.

Michael A. Dryja, Reg. No. 39662

Katie E. Sako, Reg. No. 32628

Daniel D. Crouse, Reg. No. 32022

Send Correspondence to:	Direct Telephone Calls To:
Michael A. Dryja Law Offices of Michael Dryja 704 228th Avenue NE PMB 694 Sammamish, WA 98074	Michael A. Dryja 425-427-5094

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under S of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Shaun D. Pierce

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Shaun D. Pierce
Inventor's Signature

4/12/01
Date

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1064

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1000
Expiration Date: 20030228
Authorized Name: Michael Dryja
Billing Address: 98074

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 33	103	\$ 18	13	\$ 234
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 314

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40